

**Testimony of Alisa Sherrard-Jacob**  
**Senate Health Policy Committee**  
**In support of SB 605**  
**November 4, 2009**

Good afternoon Mr. Chair and members of the Senate Health Policy Committee.

You have already heard the testimony about what an RN Circulator does and our legislation. I'm also here today representing the Michigan Council of Perioperative Registered Nurses (MCORN) and myself as a surgical nurse. I'd also like to thank you for the opportunity to speak on behalf of the nursing community in support of Senate Bill 605. My portion is to explain about MCORN and AORN and the role these member organizations have in this legislative agenda.

**Who is MCORN**

The Michigan Council of periOperative Registered Nurses (MCORN) is an association whose purpose is to establish open communication and unite members at the state level who are dedicated to the constant endeavor of promoting the highest professional standards of perioperative nursing practice. They wholeheartedly support each patient having an RN as their circulator.

When SB605 was presented to the Coalition of Michigan Organizations of Nurses (COMON), those present supported the RN Circulator and their role in patient safety, Such as, Detroit Black Nurses Association, Michigan Association of Nurse Anesthetists, Michigan Association of Peri-Anesthesia Nurses, Michigan Nurses Association and Emergency Nurses Association (Michigan Council).

**Who Is AORN**

The Association relies on its approximately 350 local chapters, 23 specialty assemblies (subspecialty groups within perioperative nursing, such as neurosurgery, orthopedics or pediatrics), 30 state councils and 40,000 perioperative RNs. Members can be found in approximately 6,700 hospitals and 3,500 ambulatory surgical centers in all 50 states and around the world. In Michigan, AORN represents approximately 4000 nurses and their surgical patients.

While the organization is national as well as international, it is the membership who acts as spokespersons for their nationally recognized association. Members contribute to the goals of the association through participation on committees and task forces. Through participation within chapters and specialty assemblies, members help to determine the need for specific educational topics, assist to set standards for practice, and determine, through research, evidence based practices.

In Michigan, AORN represents approximately 4000 nurses and their surgical patients. Because AORN is a voluntary professional organization, those of us who choose to belong do so for the betterment of our patients, facilities and our profession. We give our time and energy to undertakings for which we have passion, such as patient safety.

According to AORN's informal research, almost every hospital in the state already provides RN circulators during surgical procedures voluntarily. They do this because they recognize the vital importance of the RN Circulator. **This important bill will simply close a loophole** that could significantly affect patient safety and leave the circulating position at the mercy of administrative changes.

A recent conversation with a nurse executive stated "We have great hospitals in Michigan, but times change and so do people. Right now, we have voluntary inconsistency. **We know from the work of the Institute of Health Improvement that variation is the enemy of safety and quality.** The requirement for a circulating RN will reduce the likelihood of medical errors, morbidity resulting from errors and the financial impact of the Never Events." Senate Bill 605 does just that.

**Testimony of Connie A. Sargent  
Senate Health Policy Committee  
In support of SB 605  
November 4, 2009**

Good afternoon Mr. Chair and members of the Senate Health Policy Committee.

My name is Connie Sargent, and I am a Registered Nurse who works in the perioperative area and have over 25 years of experience as an RN circulator. I'm here today representing the **Association of periOperative Registered Nurses (AORN)** and myself as a surgical nurse. I hope my testimony can explain what an RN Circulator is, and why an RN Circulator is vital for patient safety.

I'd like to thank you for the opportunity to speak on behalf of the nursing community in support of **Senate Bill 605**, Senator Roger Kahn's RN Circulator Bill. This bill will guarantee every Michigan surgical patient the best possible care by requiring, **an RN Circulator during every surgical procedure**. I have chosen to come from behind the **double doors** of an OR suite to stand up for each patient in the state of Michigan, knowing that those having surgery, needed to be treated equally. I embraced, along with my fellow nurses in Michigan to educate members of the House and Senate and neighbors and friends what our job entails and why an RN is needed as a circulator.

I started this project back in 2006 when I realized that Michigan had no law or regulation requiring each patient to have an RN as a circulator. I spoke to Senator George and he advised me of the steps to follow to make this a law. Politics was something I thought I would do in my home community, never dreaming I would be her today. And what a learning experience this has been!

**RN Circulator as coordinator and advocate**

An RN Circulator is the registered nurse **who coordinates the nursing care and safety needs of a patient while the patient undergoes a surgical procedure** by constantly evaluating and coordinating care for patient safety. Perhaps you or a loved one has needed surgery. Imagine yourself on the OR bed for a moment. Makes a person feel pretty vulnerable, flat on your back surrounded by a surgeon, an anesthesia provider, a scrub person (whose role is to pass the surgical

instruments), a first assistant (who helps with the procedure), and a Circulating Nurse in the room.

Everyone else in the room has a fine focus but the RN circulator has a broad focus of all events taking place in the room. As part of this duty, the Circulator is responsible for knowing the patient's medical history, checking the permit, staying with the patient before, during, and after surgery, and speaking for the patient in the operating room. **The RN Circulator is the patient's advocate** when the patient is often unable to speak for themselves. The RN Circulator listens to the patient and family regarding any concerns or problems that may occur that could impact patient health. As you can see, this is an important role, yet currently there is **no law or regulation in Michigan** that requires the circulator to be an RN in the operating room during surgical procedures.

Listen to an example of care coordination

### **Skill Mix; Education, Communication, Expert Evaluation, and Patient Advocacy**

Perioperative nursing requires a unique and **highly developed set of knowledge and skills** as well as specialized training and education. Using these skills make the RN uniquely qualified to fulfill the circulating role.

**Education-** The RN Circulator has specialized distinct education and classes combining all of their knowledge as an RN and using AORN guidelines to understand how to care for his or her patient. The RN Circulator's specialized knowledge of anatomy, physiology, and pharmacology are vital to the success of any surgery, especially when a patient has a wide variety of problems. **To assure positive outcomes, the RN uses researched and evidenced based practice that comes from multiple accredited sources.** Please see the attached testimony from Janelle Sanborn for an example of how specialized the RN Circulator's training is.

**Communication-** The RN Circulator **facilitates communication** between the patient, the patient's family, and the surgical team. This is vital, because many times **effective communication between team members can save lives and prevent injury.**

Listen to an example of Communication

**Expert Evaluation-** The RN Circulator's specialized knowledge, observation, assessment, and decision making skills are **critical in an operating room**. Patient evaluation includes histories of cardiac issues, other medical issues such as renal disease or diabetes, drug allergies and prior surgeries or implants. The RN is responsible for making sure the right medications and blood products are given to the correct patient. The RN uses her knowledge and education to evaluate proper positioning, verifies appropriate medications used on the surgical field, and understands the use of complex equipment (lasers, cautery, robotics, and operative microscopes), as well as anticipates the need for extra instruments and supplies. By doing so, we can **avoid serious problems with the patient and make sure surgery proceeds safely**. Injuries including vascular and neuro injuries **can easily and quickly occur during a procedure**.

**Patient Advocacy-**

A vital duty of the RN Circulator is to be the patient's advocate and are the patient's voice during a procedure **when the patient is most vulnerable**. The RN also helps to coordinate the time out for patient safety, ensuring the right surgeon, patient, procedure, side and other parameters for **correct site surgery**.

**Conclusion**

**Perioperative nursing requires a unique and highly developed set of knowledge and skills as well as specialized training and education. Using these skills make the RN uniquely qualified to fulfill the circulating role.**

All patients deserve an RN Circulator during their surgery, to serve as a patients' eyes, ears and champion when the patients can't speak for themselves.

I love Michigan and am **proud** of the healthcare my hospital gives and the reputation of other hospitals in this state. During the phone research that was done when I was able to talk to nurses they said, Isn't it a law already? We are proud to have RNs as circulators and would not have it any other way.

Thank you for the opportunity to testify today.



**Testimony of Debi Brown  
Senate Health Policy Committee  
In support of SB 605  
November 4, 2009**

Good afternoon Mr. Chair and members of the Senate Health Policy Committee.

You have already heard the testimony of my friend Connie Sargent, who explained what an RN Circulator does and our legislation. I'm also here today representing the Association of periOperative Registered Nurses and myself as a surgical nurse. I'd also like to thank you for the opportunity to speak on behalf of the nursing community in support of Senate Bill 605. My portion is to explain about AORN and the role the organization plays in this very specialized area of nursing and how it contributes to patient safety.

**What Is AORN**

The Association of periOperative Registered Nurses (AORN) is the authoritative national association committed to improving patient safety in the surgical setting. AORN's mission is to promote safety and optimal outcomes for patients undergoing operative and other invasive procedures. AORN **promotes safe patient care** and is **recognized as an authority** for safe operating room practices and a definitive source for evidence based information and research guided principles that support day-to-day perioperative nursing practice. AORN collaborates with professional and regulatory organizations, industry leaders, and other healthcare partners who support the mission, and provides nursing practice support and professional development opportunities to perioperative nurses.

**Patient Safety**

AORN has demonstrated a **long-standing commitment to surgical patient safety**. As part of this commitment, the Patient Safety First initiative was launched in 2002 with the purpose of providing direction for AORN patient safety activities and assisting members in meeting the Joint Commission's National Patient Safety Goals. Since that time, AORN has become a recognized leader in surgical patient safety and much of its activities around education and evidence-based nursing practice directly or indirectly support patient safety. In fact, many of AORN's recommendations are used as standard protocol in surgeries across the country and in more and more countries throughout the world.

**National Quality Forum (NQF)'s 28 Never Events**

You have in your packet a list of the 28 NEVER EVENTS, events which should never occur compiled by the National Quality Forum (NQF), a not-for-profit group commissioned by the Department of Health and Human Services to explore patient safety issues. Of these 28 events, 19 can be directly related to operating room visits, indicating the high risk of patients within the surgical environment. Should the level of expertise of the person circulating be any less than that of a perioperative registered nurse given these circumstances?

There have been voluntary efforts to involve multiple hospitals in improving patient care. The Michigan Hospital Association's Keystone Center for Patient Safety & Quality was created by Michigan hospitals in March 2003 to bring together hospitals, state and national patient safety experts, and evidence-based best practices to improve patient safety and reduce costs by enhancing the quality of care delivered. While the Keystone Initiative is an admirable goal, it is **voluntary, not mandatory**, with full participation by a small portion of facilities that provide surgical services.



**Testimony of Karen Knapp  
Senate Health Policy Committee  
In support of SB 605  
November 4, 2009**

Good afternoon Mr. Chair and members of the Senate Health Policy Committee.

You have already heard the testimony of my friend Connie Sargent, who explained what an RN Circulator does. I'm also here today representing the Association of periOperative Registered Nurses and myself as a surgical nurse. I'd like to thank you for the opportunity to speak on behalf of the nursing community in support of Senate Bill 605, Senator Roger Kahn's RN Circulator Bill. My job is to explain the national legislative landscape for this and similar legislation.

**What Does SB 605 Do**

SB 605 relates to "circulating nurses." Ms. Sargent explained what a circulating nurse does in the operating room, but you may be asking yourself "what is a circulating nurse exactly?" Under the bill it means a registered nurse who **coordinates the nursing care and safety needs of a patient** while the patient undergoes a surgical procedure, but who does not directly assist the physician performing the procedure. In layman's terms, a circulating nurse is **your advocate**, staying with you before, during, and after the surgery to look out for your best interests. It's their job to know that you have medical allergies or a family history of high blood pressure, for instance. They are already used in almost every health care center in Michigan, and have saved countless lives through their devotion to patient safety.

In brief, SB 605 requires circulating nurses to be present in operating rooms during surgeries conducted in operating rooms for the duration of the procedure. The nurse may only be assigned to that procedure, and must be present for the entirety of the procedure.

**Cost of SB 605**

In a difficult economic period for all, cost is an obvious concern for any legislation. I can happily report that this legislation should **not cost hospitals or ambulatory surgery centers anything in terms of increased staffing costs**. Hospitals and ambulatory surgery centers throughout the state already staff their operating rooms with circulating nurses because they understand how important a nurse circulator is to patient safety. Therefore, for hospitals already providing the appropriate standard of care, **this bill will lead to no new staffing costs or costs of any type**.

If any hospitals, or their association, testify that this bill would increase staffing costs, I would urge you to ask them what their current practice is, and why they do not have a circulating nurse in every operating room. The nurse circulator is the only patient advocate in the operating room whose sole responsibility is the patient's well being, and if a hospital fails to meet this standard of care I would **question whether they are**

doing all that is necessary to ensure that patients have the best possible outcomes.

### Why Is SB 605 Necessary

Since I have already told you that almost all hospitals and ambulatory surgical facilities already meet the terms of this legislation voluntarily, the next obvious question is why this legislation is needed here in Michigan. The answer lies in three major principles:

#### 1. Consistent Standard Of Care

SB 605 will provide much needed consistency of care throughout the state. This bill will make clear what **minimum standard** is required of Michigan hospitals and ambulatory surgical facilities. Almost all of Michigan's hospitals and ambulatory surgical facilities already meet this high standard because they care about patient safety. Moreover, **38 states** already have passed a form of this legislation, which means that Michigan passing SB 605 will simply be codifying something that the majority of states have already recognized: **RN Circulators are vital to patient safety.**

As you know, Michigan hospitals and ambulatory surgery centers are facing the same difficult economy as the rest of the nation. These facilities are constantly attempting to trim their budgets, and this cost cutting effort could potentially lead facilities to readdress their staffing requirements. Michigan's patients, **cannot accept a reduction of the standard of care solely in an effort to reduce costs.** Therefore it is important that Michigan **join the 38 other states** which have already codified language substantially similar to SB 605.

#### 2. CMS Language

Some of you may ask, "isn't this standard already required in the hospital accreditation standards." The short answer is **no**, the CMS and the Joint Accreditation standards do not have the level of specificity provided by SB 605. The CMS language states that a registered nurse circulator should be "**readily available**" during a surgical procedure. While better than current Michigan law, which is silent on this issue, this is simply not enough. **SB 605 requires** the nurse circulator to be present for the duration of the surgical procedure, unless it becomes necessary for the nurse to leave the room as required by the procedure, or if the nurse is relieved by another circulating nurse. This addition to the CMS language is necessary for patient safety. As Ms. Sargent explained, the job of an RN Circulator is to **monitor the entire surgical procedure.** If the RN Circulator is not present in the room because they are in another procedure, then they can't fulfill their role of protecting the patient during the surgery.

#### 3. Hospital Staffing Policy

Some have asked whether SB 605 is simply an attempt to codify staffing policy for Facilities. **It is not.** The bill does not specify how many nurses need to be working in the hospital at any given point, it doesn't specify pay for nurses, and it doesn't specify hours for nurses. Rather, **the bill is patient focused** and attempts to simply ensure that **every patient** undergoing a surgical procedure in this state **receives the same level of care** that you would hope you receive. This bill is not an effort to determine how many

nurses a hospital needs at any given point, rather, it is an effort to make clear that **a patient needs at least one nurse circulator** for the duration of their surgical procedure.

I urge your support of SB 605, and thank you for the opportunity to testify today. I am available to answer any questions from any member of the committee.



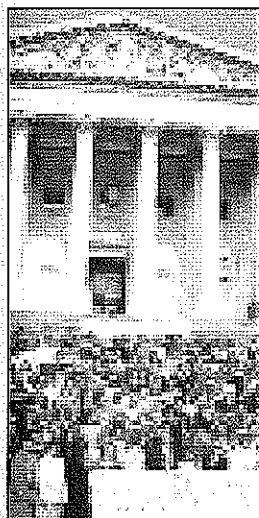
## POLICY PROFILE:

# The Registered Nurse Circulator



In the operating room, most patients are powerless to make decisions on their own behalf during surgery. The circulating nurse serves as the patient advocate while the patient is least able to care for him or herself. The RN Circulator ensures the patient's safety during this period of vulnerability.

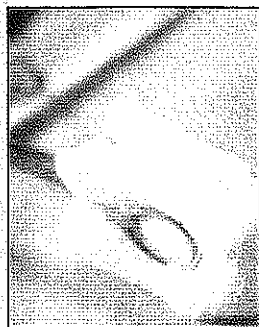
# POLICY PROFILE: The Registered Nurse Circulator



## THE ISSUE

Ensuring that there is a perioperative registered professional nurse in the role of circulator in the operating room is the top legislative priority of AORN, Association of periOperative Registered Nurses. AORN asserts that it is the right of the patient to receive the highest quality nursing care. No other person is more knowledgeable or qualified to handle the multiple critical issues surrounding patient safety in the operating room than the registered nurse (RN) who is specifically trained in perioperative nursing.

The perioperative RN, through professional and patient-centered expertise, is the primary patient advocate in the operating room and is responsible for monitoring all aspects of the patient's condition. The presence of the RN in the circulating role throughout each surgical procedure is essential for timely delivery of quality surgical care and optimal patient outcomes.



## WHO IS AORN?

AORN is the professional association of perioperative registered nurses. AORN's mission is to support RNs in achieving optimal outcomes for patients undergoing operative and other invasive procedures. AORN, as the recognized leader in patient safety, promotes quality patient care by providing its members with education, practice standards, consultation services, and representation. AORN is comprised of over 40,000 perioperative RNs in approximately 6,700 hospitals and 3,500 ambulatory surgical centers in all 50 states and around the world.



## WHO IS THE PERIOPERATIVE REGISTERED NURSE?

Perioperative nursing is a specialized area of nursing practice. As a fundamental member of the surgical team, the perioperative RN works in collaboration with other health care professionals including the surgeon, anesthesia provider, surgical assistant, and assistive personnel. The perioperative RN provides expert nursing care to surgical patients before, during, and after surgery. Perioperative nursing requires a unique and highly-developed set of knowledge and skills as well as specialized training and education.

The perioperative RN plans and directs all nursing care for patients undergoing operative and other invasive procedures. The perioperative RN provides high-quality nursing care through patient assessment, diagnosis, outcome identification, planning, implementation, and evaluation. In this role, the perioperative RN is often the single advocate for the patient's safety during surgery.

## AORN OFFICIAL STATEMENT

"Statement on One Peri-Operative Registered Nurse Circulator Dedicated to Every Patient Undergoing a Surgical or Other Invasive Procedure"

<http://www.aorn.org/about/positions/pdf/POS-Nurse%20Circulator.pdf>

# POLICY PROFILE: The Registered Nurse Circulator



## DEFINITION OF A CIRCULATING NURSE

The circulating nurse's duties in the operating room are performed outside the sterile field. The circulating nurse is responsible for managing all nursing care within the operating room, observing the surgical team from a broad perspective, and assisting the team to create and maintain a safe, comfortable environment for the patient's surgery. The circulating nurse ensures that each member of the surgical team performs in a united effort. One perioperative RN is dedicated to the patient during that patient's entire intra-operative experience. During surgery, most patients are anesthetized or sedated and are powerless to make decisions on their own behalf. By employing their critical thinking, assessment, diagnosing, outcome identification, planning, and evaluation skills, the RN circulator directs the nursing care and coordinates activities of the surgical team for the benefit of patient whose protective reflexes or self-care abilities are compromised by the procedure. These critical nursing functions of the RN circulator are not delegable in the operating room.



## EXISTING LEGISLATION AND REGULATIONS

At least thirty-four (34) states have legislative or regulatory language specific to the RN serving in the role of circulator in hospitals, ambulatory surgical centers, or both. Eighteen (18) of these states require that the perioperative RN be present in each operating room throughout each surgical or invasive procedure. Many State Boards of Nursing and the Center for Medicare and Medicaid Services affirm through public directives, advisory opinions, practice guidelines, or regulations that the circulating role belongs to the RN.



## CONCLUSION

The role of the RN in the perioperative setting is vital to the provision of optimal and safe patient care. The perioperative RN is the health care practitioner with the knowledge, training, and skills to successfully perform circulating duties in the surgical setting. Using sound nursing judgment, critical thinking skills, and interpersonal communications skills, the RN circulator is able to assess and evaluate individual patient needs and to ensure positive patient outcomes. To ensure that patients receive the highest quality and standard of nursing care, it is essential that there is a perioperative registered professional nurse in the role of the circulator throughout every operative or invasive procedure.

## AORN OFFICIAL STATEMENT

"Statement on One Peri-Operative Registered Nurse Circulator Dedicated to Every Patient Undergoing a Surgical or Other Invasive Procedure"

<http://www.aorn.org/about/positions/pdf/POS-Nurse%20Circulator.pdf>



# Top Ten Reasons to have an RN circulator in the OR

- 10 Education Grounded in Practice**

The RN has years of didactic and clinical education resulting in a firmly-grounded understanding of all aspects of the perioperative arena beginning in pre-op, continuing through the surgical procedure in the operating room and culminating in post-op.
- 9 Time-Tested Knowledge**

The RN's knowledge of anatomy, physiology and pharmacology are indispensable to the successful treatment of patients, who may present widely-varied conditions.
- 8 Clear Communication Skills**

The unique combination of professionalism, proficiency and perception that define the RN provide the ability to continually interact with all members of the surgical team, resulting in the highest level of care available to the patient.
- 7 Accurate Assessment**

The valuable combination of the RN's formal education, professional training and personal commitment to patient welfare make it possible for them to respond quickly and appropriately to the surgical patient's biological, psychological and social health.
- 6 Critical Thinking**

The RN's qualification and accuracy in recording, interpreting and responding to a continuous stream of data is an essential aspect of the responsibility to serve as the guardian of the patient's well-being.
- 5 Expert Evaluation**

The RN is specifically trained in the practice of accurate perception and decision-making, enabling not only an accurate assessment of the patient's present state, but the capability to plan, implement and continually evaluate that patient's care.
- 4 Skillful Clinical Judgment**

The RN's knowledge, observation and assessment skills, combined with the ability to anticipate needs, are invaluable to the successful performance of the operating room and are crucial components of the coordinated decision-making process that defends the patient's well-being throughout the procedure.
- 3 The Patient's Advocate**

The combination of thorough medical training, enhanced by reading, listening, writing and speaking skills, the RN is the singular position of serving as the patient's primary spokesperson.
- 2 Informed Monitoring**

The RN serves the well-being of the patient as well as the success of the surgical team by acting as the active observer, vigilantly watching for any unforeseen or unintended event that might compromise the patient during the surgery.

## *...and the number one reason to have a RN as circulator in the OR:*

- 1 Patient Safety**

Every surgical patient deserves to have a skilled, trained and knowledgeable professional RN in the operating room with them, acting as the patient's champion and in the patient's best interests when the patient cannot.

### Department of Government Affairs

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# We're there for you during surgery

Sunday, December 28, 2008

## Muskegon Chronicle

Recently, Perioperative Nurses Week was celebrated for the excellent care given to their surgical patients.

Who is a perioperative nurse? These are the nurses who care for you in the pre-operative area where patients get ready for surgery, the operating room where patients have their surgery, and the recovery room where patients recover from anesthesia; it also includes the time when family members learn how to care for the patient when they are going home, or help transition them to be admitted.

Our theme this year was "Perioperative Nurses: Influencing the Future of Safe Patient Care." Our professional organization, the Association of Perioperative Registered Nurses (AORN), sets the gold standard of care for our patients.

Whether you go home the same day to recuperate or require a hospital stay, the perioperative nurse is busy with your surgical care long before you enter the operating room. Assessing your individual needs and planning the nursing care you will receive before, during and after your surgery are just some of the nursing activities that result in your comfort through out your surgical experience. The perioperative registered nurse (RN) possesses the unique education, knowledge and experience to provide you with optimal care by using sound nursing judgment, critical thinking skills and interpersonal communication skills. She or he is part of a unique team whose goal is to keep you safe while providing your operative care.

We are the ones behind the masks and the closed doors; despite often being forgotten due to the medications we give you, the perioperative nurse is your advocate at a time when you are most vulnerable. It is our duty to know your concerns, feelings and physical care issues so that we can speak for you when you are asleep. We are your advocate using our critical thinking skills and researched based nursing interventions to provide superior patient care.

These nurses are the ones that hold your hand or touch your face to help you face a difficult surgery; we put our hand on your arm as your child or loved one is taken back to surgery, acknowledging that we will take good care of them.

And we are the ones monitoring you closely as you awaken from anesthesia. We are always there for you.

Presently we have nurses who are very active legislatively for patient safety. Attending a recent Lobby Day in Lansing was a wonderful experience as we met with representatives, senators and their staff members on the issue of patient safety.

As one caring for you in this community for 24 years, I along with many of my colleagues in the state of Michigan am promoting patient safety in the legislature. We supported the bill sponsored by Sen. Kahn, "RN Circulator Bill SB 1283", that would guarantee that an RN would be present for you or your family member's operative procedure for the duration of their surgery.

Not to alarm you, that is the practice in the state of Michigan; however, with cutbacks in reimbursement, I am concerned that the cost-cutting measures would leave an RN caring for more than one room, which would not be safe. Thirty six states have laws supporting this practice and I would like us here in Michigan, to be number 37. Michigan's patients deserve the same high standard of care as the other 36 states that have passed this important piece of legislation. Sen. Tom George, an MD from the 20th District, is one of the sponsors of this bill. He is an anesthesiologist and realizes the importance of patient safety in the operating room. We thank him and his staff for his help and encouragement during this process.

We would like your support for this bill. If you or a family member have been a patient and have realized your nurses made a difference, please send a letter of support to your senator or representative. Help us pass "RN circulator bill SB 1283" for patient safety.

Nursing is changing. The technology is increasing and we are under the microscope, now more than ever, to give excellent care. Regulations are changing how we give that care. Reimbursement is decreasing so the challenges we face to continue giving great care are increasing. Our most fervent desire is to give excellent care to our patients.

Getting involved with legislation is another way that nurses are advocating for you. It is a new arena for us but we will do what we must to protect, you, the patient.

So thank your perioperative nurse this week and every week. Realize that they have the extra education, experience and dedication to care for you while you are in surgery. They are committed to providing you with excellent care.

Karen Knapp  
Legislative State Coordinator  
New Era

(Editor's note: SB 1283 was not enacted during the Legislature's last term before adjournment, having been referred to the Senate's Health Committee for further review.)



## **NEVER EVENTS**

Never Events are events that we never want to happen while a patient is under our care in a hospital. Of these events 19 are related to a patient being in surgery, OB deliveries, and procedure room *where there are circulating nurses*. Caring for a patient is a team effort by all involved but we wanted to highlight many of the guidelines that are in place by our professional association, AORN, and by being an RN.

### **Surgical Events**

1. Surgery on wrong body part
2. Surgery on wrong patient
3. Wrong surgery on a patient

*Solution for 1-3: Have the physician write his initials and this is confirmed by the nurse who checks the permit and the site before taking the patient back to the room. Also by taking a time out before every surgical and invasive procedure, this should not happen.*

*Follow AORN's guidelines on correct site surgery*

4. Foreign object left in a patient

*Solution: Follow AORN's recommended practices on counting sponges, sharps and instruments*

5. Post Operative death in normal patient( defined as a class 1 patient for the purpose of American Society of Anesthesiologist patient safety initiative )

*Solution: By following AORN's guidelines "hand off reports" and reviewing chart and history and physical*

6. Implantation of wrong egg

*Use patient identifiers (Name, birth date) and take a time out. This is part of AORN's guidelines*

### **Products or Device Events**

7. Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the healthcare facility.

*Solution: Sterilize equipment according to guidelines and AORN standards. Have awareness constantly of sterile field and equipment. Follow AORN's Recommended Practice for disinfection, cleaning and processing of instruments, maintaining sterile field, traffic patterns in the room.*

8. Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended.

*Solution: Use device for what it is intended for. Do not use off label drugs*

9. Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a healthcare facility

*Solution: Know what surgeries it can more likely happen on. Be aware of sign and symptoms for air embolism and know immediate treatment for it. This comes with education as an RN*

### **Patient Protection Events**

10. Infant discharged to the wrong person
11. Death/ disability due to patient elopement, patient disappearing for more than four hours
12. Patient suicide or attempted suicide resulting in disability

### **Care Management Events**

13. Death Disability associated with medication error e.g., error involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration

*Solution: Nurses are able to give medications and know the "rights" of medication administration. Follow AORN guidelines of labeling medication on and off the field. Have knowledge of medication and what it is for and correct dosages.*

14. Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO- incompatible blood products

*Solution: This is a high risk "drug" and takes 2 professionals to check prior to infusion*

15. Maternal death/ disability with low risk delivery – can include C-Section

*Solution: Recognize risks and awareness of complications and be ready to act immediately*

16. Death/disability associated with hypoglycemia, a drop in blood sugar, the onset of which occurs while the patient is being cared for in a healthcare facility

*Solution: Awareness if a patient is diabetic, obtain patients blood sugar , (Chem. BG-Blood glucose) and if using an insulin drip follow guidelines for checking blood sugar levels. Also be aware of signs and symptoms. Only an RN and Physician can administer medication. Also check a patient's blood sugar if they are going to be admitted to the hospital overnight.*

17. Death/ disability associated with hyperbilirubinemia in neonates, a blood abnormality, in newborns

18. Stage 3 or 4 pressure ulcers after admission

*Solution: Be aware and note patients skin condition before surgery Position and pad the patient according to length of surgery, patient's weight, medical condition, check for pooling of fluids, if able to inspect skin during surgery do so.*

19. Death disability due to spinal manipulative therapy

### **Environmental Events**

20. Death Disability associated with electric shock

*Solution: Follow AORN's Recommended Practices for electrical surgery. Know equipment before using it. Follow position statement on patients with implanted electrical devices.*

21 Incident due to wrong oxygen or other gas, any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by a toxic substance

*Solution: Verify tanks, connections and attachments before using*

22. Death/ disability associated with a burn incurred from any source while being cared for in a healthcare facility

*Solution: Know correct use of "Bovie" and use holster in between use. Awareness of oxygen rich environment (such as nasal cannula) and heat or electricity can cause a fire. If using lasers have water readily available with wet towels. Know fire plan fro your hospital. Follow AORN's guidelines.*

23. Death/disability associated with a fall while being cared for in a health care facility

*Solution: be aware of patient's previous condition and likelihood of falling. Use straps and positioning aids when positioning patient in surgery. Treat everyone, especially those medicated as a fall risk.*

24. Death disability associated with the use of restraints or bedrails while being cared for in a healthcare facility

### **Criminal Events**

25. Impersonating a health care provider (i.e. physician, nurse)

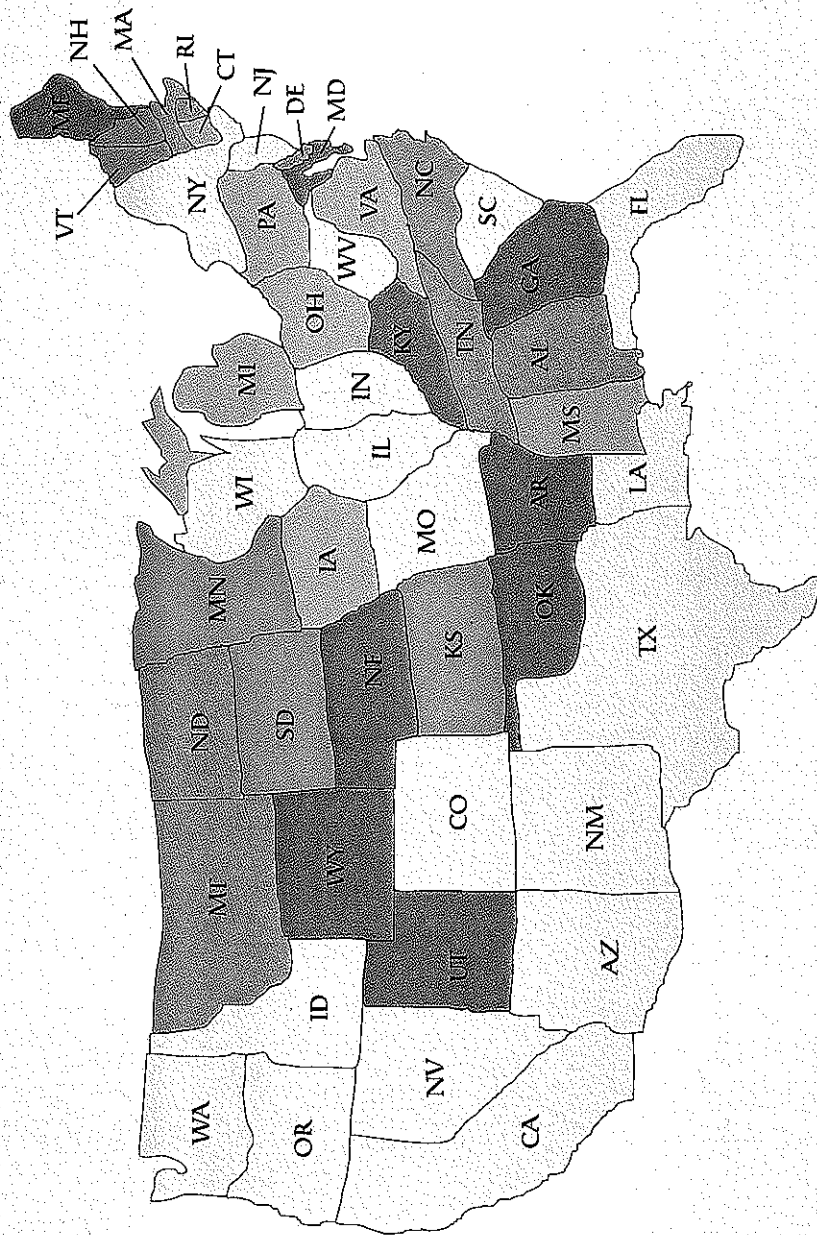
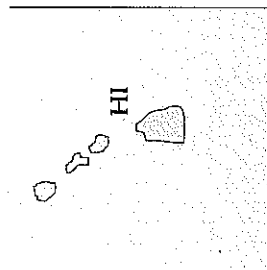
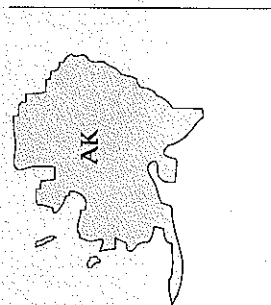
*Solution: this can be verified on your hospitals intranet or by calling medical office in hospital.*

26 Abduction of a patient

27. Sexual assault of a patient within or on facility grounds

28. Death or significant injury of a patient or staff member resulting from a physical assault within or on facility grounds

# RN Circulator Hospital Legislation/Regulations



No Language

CMS Language

Weak/Inadequate

Acceptable

AORN active state





Terri A. Tschirhart, RN, BSN  
Team Leader Operating Room  
Unasource Surgery Center  
4550 Investment Drive #100  
Troy, Michigan 48098

November 3, 2009

Dear Noah Smith,

I am writing you to express my concerns/opinions about having a Registered Nurse circulate in the operating room verses a non licensed person or someone other than a Registered Nurse.

I became a Registered Nurse in 1993 and went to work on the floor for a year and have been in the Operating Room ever since. I was a circulating Nurse at a major metro Detroit hospital and am currently the Team Leader for the operating room at the Detroit Free Press's "Number One Small Business Place to Work 2009", Unasource Surgery Center in Troy, Michigan. I could write for days on the positive responses from our random surveys received from patients, but my main concern is the presence of the Registered Nurse in the operating room.

As the patient advocate I can not imagine having any one else in the room except a Nurse. The years of training and hands on experience have proven to be a positive outcome in the facilities I have worked at. I think Nurses are very caring, thoughtful people who have to love their job in order to perform it. I would not want someone other than a Nurse taking care of me, my loved ones or anyone else for that matter!

The expertise that comes with working in the operating room is very unique and can not be done by a factory worker, housekeeper or anyone else. The dedication and knowledge that comes with this position is truly meant to be performed by a professional.

To put someone else in this position is not only disrespectful but frightening. Nursing schools were established for a reason and one specialty area is the operating room. It takes a special kind of nurse to perform emergency duties, dealing with families and being an advocate. There is NO replacement for the Operating Room nurse.

I love my job and would not trade it for the world. A nurse REALLY is a special kind of person. When you have nurses that care and a facility that prides themselves on high quality of care, you have happy healthy patients. Please keep the Operating Room nurse where she/he belongs.

Terri A. Tschirhart, R.N., B.S.N.



## **A former surgical technologist explains why an RN needs to be a circulator in the operating room (OR)**

I have worked for Bronson Methodist Hospital for over seven years. I first started as a surgical technologist in Outpatient Surgery and performed that job for four years before going back to school to further my education in nursing. I finished my nursing degree in the summer of 2008. I was able to be an RN Extern utilizing AORN's Perioperative 101 program at Bronson. This prepared me to work in the operating room. I interviewed for a perioperative RN circulator position in surgery and was accepted.

The Perioperative 101 extern program consists of 4 months doing computer AORN modules, working in a classroom with a perioperative RN clinical educator, learning about different equipment found in the OR, positioning of patients, prepping of patients, and sterile technique. After the four months we took an AORN test. We then worked with a preceptor (an RN with experience in the OR) for 6 months in the OR to become familiar with what we learned during our first few months in the classroom.

I thought that being a circulating nurse would be an easy job with my background as a scrub tech. Boy was I wrong! I learned a lot from the extern program on how to care for our patients in the OR room. There is so much anatomy, physiology, medications, and critical thinking involved in the role as a circulator. In nursing school you go into greater depth with anatomy and physiology than you do in a surgical tech program. Even though it took a lot of hard work and studying, my training to be an RN has really paid off because now I feel more prepared to work in the OR. I know just how important my position really is now.

I have now been on my own as an RN for almost a year. I am still learning and will continue to learn every day, and that is why I believe it is very important for the safety of our patients to have an RN circulating at all times in the OR room. We are our patients' advocates and we have been taught to think critically and be ready for whatever may happen in the OR.

The patients and their safety come first and we need to know as RNs what to do and how to properly handle the situation. That is why I believe an RN should be in the room at all times.

Janelle Sanborn, RN  
Circulating Nurse



# **Please Support SB 605 (Senator Kahn)**

House Health Policy

November 4, 2009

Guarantees that a Registered Nurse Circulator is present during every operating procedure for patient safety and advocacy.

## **Background**

- A "circulating nurse" means a registered nurse who coordinates the nursing care and safety needs of a patient while that patient undergoes a surgical procedure;
- A circulating nurse is your advocate, staying with you before, during, and after the surgery to look out for your best interests;
- They are already used in almost every ambulatory surgical center and hospital in Michigan, and have saved countless lives through their devotion to patient safety.

## **What does SB 605 Do?**

- SB 605 requires circulating nurses to be present in operating rooms during surgeries conducted in operating rooms for the duration of the procedure;
- The nurse may only be assigned to that procedure, and must be present for the duration of the procedure, with exceptions for emergencies, scheduled breaks and for getting equipment and supplies for the patient.

## **Will SB 605 Cost Hospitals Money?**

- No. Most hospitals and ambulatory surgery centers throughout the state already staff their operating rooms with circulating nurses;
- The nurse circulator is the only patient advocate in the operating room whose sole responsibility is the patient's well being;
- If a hospital is not already doing this, one should question whether they are doing all that is necessary to ensure that patients have the best possible outcomes.

## **Why is SB 605 Necessary?**

- SB 605 will provide much needed consistency of care throughout the state;
- Michigan's patients cannot have a different standard of care from one community to the next because of costs;
- 38 states already have passed a form of this legislation, which means that Michigan will simply be codifying something that the majority of states have already recognized: that RN Circulators are vital to patient safety.

## **Does SB 605 Codify a Hospital Staffing Policy?**

- No. The bill doesn't specify how many nurses need to be working in the hospital at any given point, it doesn't specify pay for nurses, and it doesn't specify hours for nurses;
- The bill is patient focused and attempts to simply ensure that every patient undergoing a surgical procedure in this state receives the level of care that you would hope you receive.



## STATEMENT ON ONE PERIOPERATIVE REGISTERED NURSE CIRCULATOR DEDICATED TO EVERY PATIENT UNDERGOING A SURGICAL OR OTHER INVASIVE PROCEDURE

### PREAMBLE

Perioperative nursing is a specialized area of nursing practice. The perioperative nurse is a registered nurse who plans, coordinates, delivers, and evaluates nursing care to patients whose protective reflexes or self-care abilities are potentially compromised during surgical or other invasive procedures. Although the perioperative registered nurse works collaboratively with other perioperative professionals (eg, surgeons, anesthesia care providers, surgical technologists) to meet patient needs, the perioperative registered nurse is accountable for the patient outcomes resulting from the nursing care provided during the surgical or invasive procedure. Possessing clinical knowledge, judgment, and critical-thinking skills based on scientific principles, the perioperative nurse plans and implements nursing care to address the physical, psychological, and spiritual responses of the patient having a surgical or invasive procedure. The goal of perioperative nursing practice is to assist patients, their families, and significant others to achieve a level of wellness equal to or greater than that which they had before the procedure. The perioperative registered nurse may delegate certain patient care tasks to suitably trained and competent allied health providers and assistive personnel, but retains accountability for the outcome of perioperative nursing care. Core nursing activities that, by licensure, may not be delegated are assessment, diagnosis, outcome identification, planning, and evaluation.<sup>1</sup>

In conjunction with the escalating changes in health care, there is a continuous need to provide optimal care that is high quality, safe, accessible, cost effective, and affordable for patients undergoing invasive procedures in any setting. Evolving models of health care delivery are affecting perioperative nursing practice across diverse settings where surgical or other invasive procedures are performed. Past staff reengineering attempts that were part of cost-savings initiatives have not demonstrated improvement, and may in fact have a deleterious effect on patient care out-

comes. Health care systems have unsuccessfully attempted to replace registered nurses with allied health providers and assistive personnel who lack the education and critical-thinking skills to provide quality patient outcomes. Studies have demonstrated that patient-centered outcome measures are more positive when there are higher numbers of registered nurses to care for patients. Better outcomes are inversely proportional to cost. In other words, better outcomes equals lower cost for the health care system.<sup>2</sup>

The aging of the population has resulted in patients who are more acutely ill upon admission to health care facilities. Despite the decreased lengths of stay in acute care facilities, patients continually require more sophisticated care to maintain their health. This situation has been further complicated by an absence of standardized, mandatory public reporting of data that could objectively quantify the effects of altered staffing configurations. National use of the AORN Perioperative Nursing Data Set (PNDS) will provide perioperative leaders with a standardized means of gathering reliable and valid data to make informed decisions regarding staffing, scheduling, and purchasing.<sup>3</sup>

Registered nurses are familiar with anecdotal reports of health care errors resulting in patient injuries and even death. The media has continued to fuel the health care controversy with many of these stories. In 1999, the Institute of Medicine (IOM) published its report *To Err Is Human: Building a Safer Health System*, which opened the issue of medical errors to public debate and identified national, state, and local policy directions for a safer health care system capable of reducing medical errors and improving patient safety.<sup>4</sup> To improve patient safety, the provision of one perioperative registered nurse circulator dedicated to every patient undergoing a surgical or other invasive procedure must include awareness of community needs and the needs of the population served and must provide for appropriate perioperative nursing staff to meet those needs. The economic

## AORN Position Statements

situation of the provider organization should not serve as the sole basis for determining services offered. At no time should economic concerns supersede the priority for patient safety.

Since its 1999 report, the IOM's Committee on the Adequacy of Nurse Staffing in Hospitals and Nursing Homes has begun to illustrate the relationship between nurse staffing, patient outcomes, and cost of care.<sup>5</sup> This report acknowledges that patient care provided by a registered nurse does affect patient outcomes and has a positive impact on cost of care.<sup>5</sup>

The *Code of Federal Regulations* "Conditions of participation for hospitals" (42 CFR §482) sets forth national staffing standards for hospitals receiving Medicare reimbursement. Under these regulations, the health care organization must have adequate numbers of qualified registered nurses to provide nursing care, which includes circulating duties.<sup>6</sup> The Centers for Medicare and Medicaid Services interpretive guidelines in §482.51(a)(3) states, "The circulating nurse must be an RN." If a licensed practical nurse or surgical technologist assists with delegated circulating duties, in accordance with local, state, and federal regulations, they must be supervised by a registered nurse who is physically present in the operating room for the entire procedure.<sup>7</sup> Several states have legislation requiring a registered nurse as circulator.<sup>8</sup> Perioperative registered nurses should know their individual state statutes regarding the role of the registered nurse as the circulator in the perioperative setting.

Administrators, directors, and managers responsible for providing staff for perioperative services should refer to the "Statement on mandate for the registered professional nurse in the perioperative practice setting,"<sup>9</sup> "AORN position statement: Operating room staffing skill mix for direct caregivers,"<sup>10</sup> and "AORN guidance statement: Perioperative staffing."<sup>11</sup>

### POSITION STATEMENT

AORN is committed to the provision of safe perioperative nursing care by ensuring that every patient undergoing a surgical or other invasive procedure is at a minimum, cared for by a registered nurse in the

circulating role, regardless of the setting.<sup>9</sup> To this end, AORN believes the following.

- At a minimum, one perioperative registered nurse circulator should be dedicated to each patient undergoing a surgical or other invasive procedure and is present during that patient's entire intraoperative experience.<sup>11</sup>
- Patient care in the perioperative setting is dynamic in nature and depends on the clinical knowledge, judgment, and critical-thinking skills possessed by the perioperative registered nurse.
- The foundation of perioperative nursing practice is based on both the art and science of nursing, including evidence-based practice and patient advocacy.
- A practice environment that acknowledges the unique education of a registered nurse supports perioperative nurses to provide the highest quality of patient care in the surgical arena.
- Scientific research and the identification of nursing quality indicators, such as those found in the language of the PNDS, are the best means to monitor the relationship between appropriate nurse staffing and patient outcomes in the surgical setting.
- Having a practice environment with one perioperative registered nurse circulator dedicated to each patient undergoing a surgical or other invasive procedure will provide for safe, quality patient care in the surgical arena.
- Administrative and collegial support, as well as effective relationships with physicians and surgeons, contributes to the perioperative nurse's ability to provide safe, quality patient care.

### Furthermore, AORN affirms:

- Support for ongoing research to determine proper nurse staffing to sustain safe quality patient outcomes;
- Continued collaboration with all organizations endeavoring to reduce and eliminate health care errors; and
- Adequate staffing as an essential element of error prevention.

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*Original statement adopted by the AORN Board of Directors in October 2000, as "AORN statement on nurse-to-patient ratios"; ratified by the House of Delegates, Dallas, Tex, in March 2001.*

*Revised; ratified by the House of Delegates, Washington, DC, in March 2006.*

*Sunset review: March 2011*



GERBER MEMORIAL  
HEALTH SERVICES

November 3, 2009

Noah Smith

I am writing to urge our representatives to approve HB 4615 which is before the house for a final vote tomorrow. HB 4615 is important for the safety of our patients in the operating room.

I am an active member of the Association of Perioperative Registered Nurses (AORN) and have been for the last 15 years. AORN has 1,300 members in the State of Michigan. Most operating rooms in the State of Michigan as well as nationally recognize as a standard of practice having a registered nurse in the circulator role. It is a fundamental precept of AORN that it is the responsibility of the professional registered nurse to ensure safe, high quality nursing care to patients undergoing operative and other invasive procedures.

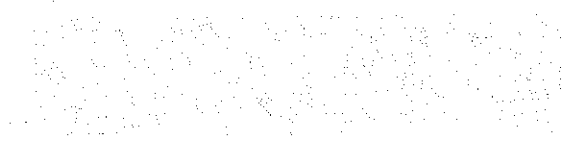
I currently serve in the role of Director of Surgical Services and have been in that role for the last 10 years. As a Director I am responsible for the planning and directing of all nursing care for patients who undergo any invasive surgical procedure in our hospital. The recent focus of regulatory bodies and the Joint Commission on Accreditation of HealthCare Organizations (JCAHO) has placed greater emphasis on patient safety and reducing the errors that have resulted, at times, in patient deaths. The Institute of Medicine's 1999 report, "To Err is Human: Building a Safer Health System", states, "Although there are many kinds of standards in health care, especially those promulgated by licensing agencies and accrediting organizations, few standards focus explicitly on issues of patient safety." As a Director, I feel that patients coming for surgery in our organization deserve the same high standard of care as the patients in any of the other 36 states that currently support this type of practice. One of the most important steps that I can take, as a Director is to ensure that I have professional registered nurses serving in the role of a circulator. Each and every one of our patients deserves a professional registered nurse who possesses the skills of critical thinking, assessment, diagnosing, planning, and evaluation. The professional registered nurse circulator directs the nursing care, and coordinates activities of the surgical team for the safety and benefit of the patient. I can't imagine working in or for an organization that is not 100% committed to the safety of its patients. It is my fear that if this piece of important legislation is not passed that we will be contributing to creating an environment that puts patients at further unnecessary risk.

I appreciate your time.

Sincerely,

Marianne Patten, R.N., MSN

Director of Ambulatory Care and Surgical Services  
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